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**MORRISON | FOERSTER**

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CALIFORNIA 94304-1018

 TELEPHONE: 650.813.5600  
FACSIMILE: 650.494.0792

WWW.MOFO.COM

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 FROM: Rhonda Dunn for  
Norman Klivans

DATE: October 2, 2008

Number of pages with cover page:	8	Originals Will Not Follow
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Preparer of this slip has confirmed that facsimile number given is correct: 12187/red3**Comments: ISSUE FEE TRANSMITTAL**
 Attorney Docket No.: 136922003800  
Group Art Unit: 2137  
Examiner: M. Pyzocha  
Serial No. 09/916,146  
Filing Date: July 26, 2001  
Inventor: Richard A.A. HEYLEN  
Title: COPY PROTECTION FOR OPTICAL DISCS

1. Papers Attached:
2. Transmittal (1 page);
3. Fee Transmittal + copy for fee processing (2 pages);
4. Petition to Revive (2 pages); and
5. Part B - Fee(s) Transmittal + copy for fee processing (2 pages)

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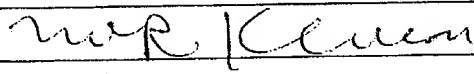
Approved for use through 09/30/2008. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>		Application Number	09/916,146
		Filing Date	July 26, 2001
		First Named Inventor	Richard A. A. HEYLEN
		Art Unit	2137
		Examiner Name	M. Pyzocha
		Attorney Docket Number	136922003800
(to be used for all correspondence after initial filing)		Total Number of Pages in This Submission	7

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Petition to Revive (2 pages) and Form PTOL-85 Part B - Fee(s) Transmittal + copy for fee processing (2 pages)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Norman R. Klivans		
Date	October 2, 2008	Reg. No.	33,003

Client Reference: 204

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Signature: 

(Rhonda Dunn)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b> Application Number 09/916,146 Filing Date July 26, 2001 First Named Inventor Richard A. A. HEYLEN Examiner Name M. Pyzocha Art Unit 2137 Attorney Docket No. 136922003800	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	3,430.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 03-1952    Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																									
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																									
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																			
Utility	310	155	510	255	210	105	0.00																		
Design	210	105	100	50	130	65	0.00																		
Plant	210	105	310	155	160	80	0.00																		
Reissue	310	155	510	255	620	310	0.00																		
Provisional	210	105	0	0	0	0	0.00																		
<b>2. EXCESS CLAIM FEES</b>																									
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>																		
Each claim over 20 (including Reissues)							50																		
Each independent claim over 3 (including Reissues)							210																		
Multiple dependent claims							370																		
<table border="0"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <td>15</td> <td>23</td> <td>0</td> <td>50.00</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20.</td> <td>370.00</td> <td>0.00</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		15	23	0	50.00	Fee (\$)	Fee Paid (\$)	HP = highest number of total claims paid for, if greater than 20.				370.00	0.00	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																					
15	23	0	50.00	Fee (\$)	Fee Paid (\$)																				
HP = highest number of total claims paid for, if greater than 20.				370.00	0.00																				
<table border="0"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>2</td> <td>5</td> <td>0</td> <td>210.00</td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	2	5	0	210.00	HP = highest number of independent claims paid for, if greater than 3.										
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																						
2	5	0	210.00																						
HP = highest number of independent claims paid for, if greater than 3.																									
<b>3. APPLICATION SIZE FEE</b>																									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																									
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)																			
- 100 =		0	/50 = 0 (round up to a whole number) x		260.00	= 0.00																			
<b>4. OTHER FEE(S)</b>																									
Non-English Specification. \$130 fee (no small entity discount)																									
1501 Issue Fee							1,510.00																		
1504 Publication Fee							300.00																		
Other (e.g., late filing surcharge): 1453 Petition to revive unintentionally abandoned ...							1,620.00																		

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	33,003
Name (Print/Type)	Norman R. Klivans	Telephone	(650) 813-5850
		Date	October 2, 2008

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<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number 03-1952    Deposit Account Name: Morrison & Foerster LLP	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	0.00
Design	210	105	100	50	130	65	0.00
Plant	210	105	310	155	160	80	0.00
Reissue	310	155	510	255	620	310	0.00
Provisional	210	105	0	0	0	0	0.00
							<u>Small Entity</u>
							<u>Fee (\$)</u> <u>Fee (\$)</u>
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							
Each claim over 20 (including Reissues)							50    25
Each independent claim over 3 (including Reissues)							210    105
Multiple dependent claims							370    185
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
15 - 23 =		0	x 50.00 =	0.00	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>		
HP = highest number of total claims paid for, if greater than 20.					370.00    0.00		
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
2 - 5 =		0	x 210.00 =	0.00			
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<b>3. APPLICATION SIZE FEE</b>							
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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =	0	/50 = 0 (round up to a whole number) x	260.00 =	0.00			
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<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
1501 Issue Fee							1,510.00
1504 Publication Fee							300.00
Other (e.g., late filing surcharge): 1453 Petition to revive unintentionally abandoned ...							1,820.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	33,003
Name (Print/Type)	Norman R. Klivans	Telephone	(650) 813-5850
		Date	October 2, 2008

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